

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. _____		FILING DATE _____	
							APPLICANT(S) _____			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
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TOTAL IND.	6									
TOTAL DEP.	16									
TOTAL CLAIMS	22									

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS